Wycliffe Surgery Patient Participation Group Meeting

**Meeting Details:**

Location: Wycliffe Surgery – New Clinical Room

Date: 20.06.25 12:30

**In Attendance:**

J Lowdon, Dr Gossel, A Adderley, P Jamieson, M Lang, PPG Members (7)

**Welcome & Introductions:**

JL introduced herself to all in attendance including to new members. Dr Gossel and AA also introduced themselves. Patient members introduced themselves to the group. JL explained what the PPG was to members who were attending for the first time.

**Surgery Newsletter**

JL explained to members that during the previous meeting the idea of a surgery newsletter – **see appendix .2** - was brought to the table and that it would be good to have one created to circulate amongst patients. JL advised the PPG that there was a questionnaire sent out for people to send in their ideas and that these have been taken and put into the newsletter.

Patients reviewed this and were pleased with the design and layout. Pt advised that the FAQs on the back were very helpful. JL advised the newsletter will be available digitally both on facebook and via the website alongside a paper copy in reception & the foyer. PPG member expressed it might be worth adding information on the newsletter about the facebook page. **(AP1)**. Not all patients were aware of the Facebook page and they advised it is easier to get updates via the App and SMS. JL said that a batch message could be sent out advising patients of the FB page and newsletter **(AP2)**

**Social Prescriber**

JL handed over to Paul to advise the PPG about the role of the social prescriber. Paul keeps in touch with groups and services in Plymouth and the surrounding area to inform patients. Some of these organisations are statutory and some are volunteer organisations. There is the downside that some of these organisations have got a high demand from patients but that he can help in the meantime. PJ advised how this works in general practice; the patients can be referred via the GP or by a member of the admin team and this is forwarded to the social prescriber group who will then review and accept the referral if appropriate.

Paul said that there is the preference of a telephone call or a face-to-face appointment and this is up to the patient to choose. CG advised that GPs cover 10-15% of patient’s problems whilst Paul can cover the 85%! Paul offers advice on a variety of different areas including blue badge application, financial advice, housing, mental health, fitness etc.

CG advised that GPs are not always aware of the many and various support groups available for patients and the problems they are facing, and this is why the social prescribing team is best for this.

JL is aware that this needs to be advertised more again so asked the PPG how they felt would be a good way to promote the service. One member advised getting in touch with local schools as parent support advisors would really benefit from this service and signposting patient’s who are supporting those in school settings.

PPG member asked Paul about the wait times for social prescribing appointments. Paul said that there currently is no wait list at present for our surgery as the time spent with each patient can vary depending on the need.

PPG thanked Paul for attending and providing us with valuable information regarding the social prescribers.

**Pharmacy First:**

JL asked patient’s understanding of the Pharmacy First service to gauge what people know about it and if they are aware. Not many were aware. JL explained the process and criteria for the reasons you can be referred to the pharmacy – **see appendix 1**. Patients mentioned that there can be a long wait in the pharmacy sometimes and they were concerned that this could affect their care.

JL advised that when being seen for something such as an ear infection or UTI, these are dealt with by the Pharmacist rather than a dispensing assistant and patients are taken into a side room to be assessed. CG explained the benefits of attending the pharmacy and how it can ‘cut out the middleman’ as a prescription is given there and then if appropriate. CG advised that will still never turn patients away should they require antibiotics. CG also advised patients of the new pharmacy in Cattedown that has recently opened and that it is an independent pharmacy.

**Fundraising:**

JL explained that there is scope for the PPG to fundraise for the surgery and this is something that needs to be looked into in more detail by JN (Practice Manager) upon her return from annual leave. It is something that can be done. AA and JL advised that staff will always be more than happy to assist in the fundraising activities should they be carried out.

**AOB:**

**GP Funding:**

Patient had some questions about the advanced booking service referenced in the newsletter draft reviewed by the patients. It was asked if 11,500 patients was above average in general practice or about the normal size. CG advised that there are other surgeries that have a bigger patient size and this is due to the fact they have a lot of other surgeries as a group. It can vary depending on the number of GPs. CG mentioned that we are trying to gain access to more clinical rooms in the surgery to employ more GPs.

Pt asked if there was a reason he isn’t able to see the GP anytime like when younger. It was explained that whilst patients live longer and have better healthcare now, there is also shortage of GPs so these two factors together along with funding in the NHS make it a lot harder to meet the demand of patients. Access is now better as a service due to having advanced nurse practitioners and advanced paramedics to help with the shortage of GPs in Primary care.

There was a query about whether the funding of the patient varies depending on how many contacts we have with the patient and unfortunately regardless of how many times a patient contacts the surgery, the funding stays the same.

**Did Not Attend Appointments:**

Another PPG member asked if there was anything that could be done about DNA’s (appointments missed) and if, as a surgery, we are allowed to do anything such as remove them or charge them. CG advised this isn’t something we are able to do and explained the differences in the population can lead to reasons for not attending. There are also safeguarding concerns if removing patients for not attending. AA advised that some surgeries do remove patients if they do not attend but this is something that we do not do as a surgery. AA advised that she is currently auditing the DNA rate and the reasons for this and will feedback when she has more information. JL/AA advised of the ways patients are informed and reminded of appointments and how often. PPG would like to know if there are any trends identified in the audit. **(AP3)**

**Parking Concerns:**

Pt mentioned the concerns around the parking and the whole group expressed their frustrations around this – patients and staff! AA advised that we have been in touch with the local council but they are reluctant to help with this and are not going to give staff permits to park in the surrounding area.

**Next Meeting:**

JL advised that in the next meeting we will discuss penning a letter to the local MP about concerns of funding etc and also the parking will be raised and how this is effecting patient care.

**Action Plan:**

1. Circulate newsletter among patients and staff.
2. Inform patients of social prescribing role and social media.
3. Continue audit regarding DNA appointments.
4. Find out more information regarding fundraising.

**Next Meeting: Sept 2025 Exact Date TBC**

Appendix .1

A poster of a pharmacy

AI-generated content may be incorrect.